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CONFIRMATION NO. 6459

SERIAL NUMBER 10/823,494	FILING OR 371(c) DATE 04/12/2004 RULE	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. 391442006300						
APPLICANTS Gary Bridger, Bellingham, WA; Ernest J. McEachern, White Rock, CANADA; Renato Skerlj, Vancouver, CANADA; Dominique Schols, Herent, BELGIUM;										
** CONTINUING DATA ***** This appln claims benefit of 60/462,736 04/11/2003 and claims benefit of 60/505,688 09/23/2003										
** FOREIGN APPLICATIONS *****										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/24/2004										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>hmd</u> Examiner's Signature Initials	STATE OR COUNTRY WA	SHEETS DRAWING 2	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 4						
ADDRESS 25225										
TITLE CXCR4 chemokine receptor binding compounds										
FILING FEE RECEIVED 826	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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